## EXHIBIT C

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UNITED STATES BANKRUPTCY COURT	Dis	TRICT C	F_I	levada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	lame of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR				
NOTE. This form should not be used to make a claim for an administrative expense material of the case. A request" for payment of an administrative expense materials.					
Name of Creditor (The person or other entity to whom the dubtor owes money or property). Robert L. Ogren, Trustee for the benefit of the Robert L. Ogren Trust dated 6/30/92  Name and address where notices should be sent	else you givi	has filed r claim A ng particu ck box if	a pro Attacl Ilars you l	are aware that anyone pof of claim relating to a copy of statement have never received an	ıy
Robert L Ogren 3768 Rick Stratton Drive Las Vegas, NV 89120 Telephone number (702)369-6554	Case Che	ck box if	the a	ankruptcy court in thi ddress differs from the elope sent to you by	
Last four digits of account or other number by which creditor identifies debtor 127			√ re	places AMESBURY	HATTERS POINT LOAN filed claim dated 11/26/06
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit A		☐ Ro	etirecting ages ast for a part of the control of th	benefits as defined i	n II U S C § III4(a) nsation (fill out below) # ervices performed
2. Date debt was incurred 11/18/02	3.	If cour	rt ju	dgment, date obtain	ed
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 913,741.57  Check this box if a) there is no collateral or lien securing you be body our claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority  Amount entitled to priority \$	which is  in 180 or  or's A	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - Secures	Chec to f s  Brief  R  R  Value  nt of d cla  2,225  ces fo  (7)  pena  Spect t	k this box if your clair etoff)  Description of Collate eal Estate Motor of Collateral \$_L arrearage and other claim, if any \$_11,00  * of deposits toward per personal, family or personal, family or altres owed to governify applicable paragraphy ecc to adjustment on to cases commenced of	eral  or Vehicle  Inknown  Differ  Differ  Inknown  Differ  Differ  Included in
Check this box if claim includes interest or other charges in add	_	(imsecus	(he	(secured)	(priority) (Total)
interest or additional charges.  6. Credits. The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing 8. Date-Stamped Copy. To receive an acknowledgment of the first addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of it file this claim (attach copy of power of attorities).	ents, such acts, court ID ORIGII minous, at ling of you	as promis judgment NAL DO tach a sun ir claim, e	ssory s, m CUM mmar	notes, purchase ortgages security IENTS If the y se a stamped self-	THIS SIMCLES FOR COURT USE ONLY FILED JAN 1 0 2007
01/08/2007 Robert 1. Oge	T	TE.	ج <u>ر</u>		USA CMC

UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA Name of Debtor Case Number USA Commercial Mortgage Company 06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are arrsing after the commencement of the case A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321241001355 Check box if you have SANTORO FAMILY TRUST U/T/D 4/29/02 never received any notices C/O NICHOLAS J SANTORO from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case AND JUANITA SANTORO TRUSTEES SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS 2312 PEARL CREST ST Check box if this address LAS VEGAS NV 89134-6732 If you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again Creditor Telephone Number (702 791-0308 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated 6645 if this claim amends 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages salaries and compensation (fill out below) Other claims against servicer Services performed Taxes (not for loan balances) Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 6/05 to 3/06 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM X Real Estate Motor Vehicle Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$Unknown Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_ Unknown Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) ( \_\_\_\_) Contributions to an employee benefit plan 11 U S C § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM \$ 300,000 00 \$ Unknown s Unknown Unknown AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) X Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Dockeling Center Attn USACM Claims Docketing Center HILED NOV 1 5 2006 P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 11/13/06

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Case us	D-10725-0WZ D0C 8350-3		<u>erea 05/09/11 15:37</u>	<u>:09 Page</u>	<u> 4 01 11</u>
UNITEDSTATES	ETKARINER GOURS PÉRÉKEKU		OOF OF CLAIM		
Name of Debtor		Case Number			
USA Commercial Mo	rtgage Company	06-107	725-LBR		
arising after the commencemen	Debtors and Case Numbers  make a claim for an administrative export of the case A "request" for payment of filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and A SINETT, SHELI 239 HARBOR	Address 11321242038727	7	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTER	
(917)	326-5523		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (	)		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or oth	her number by which creditor identifies o	debtor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree t	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold ☐	Personal injury/wrongful death	Wages,	salanes and compensation (	fill out below)	Other claims against servicer
Services performed	Taxes		digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRE	Ep August 2005	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(uate)
)	M Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at	the time case filed
See reverse side for important ex UNSECURED NONPRIORITY			SECURED CLAIM		
Check this box if a) there is no	o collateral or lien securing your claim or b)	your claim	Check this box if your anght of setoff)	our claim is secu	red by collateral (including
exceeds the value of the proper entitled to priority	erty securing it or if c) none or only part of yo	our claim is	Brief description of	collateral	
UNSECURED PRIORITY CLAI			Real Estate		e
Check this box if you have an entitled to priority	unsecured claim all or part of which is		Value of Collateral	Moro	than \$100,000
Amount entitled to priority	\$				at time case filed included in
Specify the priority of the clain	n		secured claim if any		
Domestic support obligations	under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward services for personal family of	ard purchase lease	or rental of property or
	ons (up to \$10 000)* earned within 180 days petition or cessation of the debtor's	_	Taxes or penalties owed to go		
business whichever is earlier	* , ,		Other Specify applicable part		
Contributions to an employee	benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIN	1 \$ \$	100.00		iced on or alter the	\$ 100,000
AT TIME CASE FILED	(unsecured)	_	secured)	( pnonty)	(Total)
Check this box if claim include	es interest or other charges in addition to th	ne principal	amount of the claim Attach ite	mized statement	of all interest or additional charges
7 SUPPORTING DOCUME running accounts contracts DOCUMENTS If the documents of the documents	all payments on this claim has been cred ENTS Attach copies of supporting docu- court judgments, mortgages security a ments are not available, explain. If the d To receive an acknowledgment of the	<i>uments.</i> su agreement documents	uch as promissory notes pure s and evidence of perfection are voluminous attach a sui	chase orders inv of lien DO NO mmary	voices itemized statements of T SEND ORIGINAL
ACCEPTED) so that it is a for each person or entity (	eted proof of claim form must be sent ctually received on or before 5 00 pm including individuals, partnerships, c	, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO			OR OVERNIGHT DELIVERY TO	)	FILED NOV 1 3 200
BMC Group Attn USACM Claims Docke	eting Center	BMC Gro	up ACM Claims Docketing Cente	er	I ILLU NOV 1 0 200
P O Box 911	•	1330 Eas	t Franklin Avenue		USA CMC
,	GN and print the name and title, if any of th	e creditor o	do CA 90245 r other person authorized to file		
11/8/06	this claim (attach copy of power of attorn Anette Sinett	ney if any)	Smoth		1072501367
L		-cv-c			1

Case 06-10725-gwz Doc 8350-3 Ente	ered 05/09/11 15:37:09 Page 5 of 11
UNTERSTANCE OF THE PROPERTY OF	OOF OF CLAIM
Name of Debtor Case No.	ımber
USA Commercial MOrtgage Company 06-10	725-LBR
Soli Commercial Horegage Company	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address  11321241003240	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars
SHELDON SINETT & ANNETTE SINETT 239 HARBOR VIEW DR PORT WASHINGTON NY 11050-4706	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
(917) 326-5523	Check box if this address differs from the address on the envelope sent to you by the court.  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies debtor	THIS SPACE IS PORTOCOLLY OSE ONE!
Last four digits of account of other flumber by which dedition dentines deptor	Check here replaces or a previously filed claim dated amends
	benefits as defined in 11 U S C § 1114(a) Unremitted principal
111 Carriage and amount Titariage	salanes and compensation (fill out below)  r digits of your SS #  Other claims against services (not for loan balances)
	compensation for services performed from to
2 DATE DEBT WAS INCURRED August 2005 3 IF C	(date) (date)
· · · · · · · · · · · · · · · · · · ·	nbe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) your claim.	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a nght of setoff)  Bnef description of collateral
UNSECURED PRIORITY CLAIM	** Real Estate
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral More 'than \$100,000
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim if any \$
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000)*, earned within 180 days	services for personal family or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)  Other Specify applicable paragraph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 100,00	with respect to cases commenced on or after the date of adjustment  \$ 100,000
AT TIME CASE FILED	secured) (pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, so running accounts contracts court judgments mortgages security agreemen DOCUMENTS If the documents are not available explain. If the documents B DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim.	uch as promissory notes purchase orders invoices itemized statements of ts, and evidence of perfection of lien DO NOT SEND ORIGINAL is are voluminous, attach a summary
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing for each person or entity (including individuals, partnerships, corporating governmental units)	ng Pacific time, on November 13, 2006 USE ONLY ons, joint ventures, trusts and
Attn USACM Claims Docketing Center Attn USACM P O Box 911 1330 Ear	TOR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Center st Franklin Avenue and CA 90245
DATE SIGN and print the name and title if any of the creditor of this claim (attach copy of power of attorney if any)	or other person authorized to file USA CMC
Annette Sinett	te xmell 1072501361

	Case	e 06-10725-gwz Doc 835	0-3 Er	ntered 05/09/11 15:	37:09 Pa	ge 6 of 11
	UNITED STATE	S BANKRUPTCY COURT ICT OF NEVADA		OOF OF CLAIM		
Nan	ne of Debtor		Case Nu	ımber	1	
u	ISA Commercial M	ortgage Company	06-107	725-LBR		
					:	
Administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  11321242038751		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of	IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT			
		statement giving particulars  Check box if you have never received any notices				
	2429 BRYAN VENICE BEA	I AVENUE ACH CA 90291		from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
				Check box if this address differs from the address on the envelope sent to you by the		EBTORS ready filed a proof of claim with the t or BMC you do not need to file again
Cred	itor Telephone Number (	318-1643		court		CE IS FOR COURT USE ONLY
		other number by which creditor identifies	s debtor	Check here repla	ces	
				if this claim amer	, a previously	y fired claim dated
1 B	ASIS FOR CLAIM		Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
ᅵ片	Goods sold	Personal injury/wrongful death	Wages	salanes and compensation (	(fill out below)	Other claims against servicer
	Services performed	Taxes		r digits of your SS#		(not for loan balances)
-	Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
2 D	ATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date) (date)
		AIM Check the appropriate box or boxes the	hat best descr	ibe your claim and state the amo	ount of the claim at	the time case filed
1	e reverse side for important SECURED NONPRIORIT	•		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff)					red by collateral (including	
UNS	entitled to priority ECURED PRIORITY CL	AIM		Brief description of	_	<b></b>
		an unsecured claim all or part of which is		Real Estate	-	2 ( )
	entitled to priority  Amount entitled to priority	¢		Value of Collateral		
	Amount entitled to priority \$ Amount of arrearage and other charges at time case filed in secured claim if any \$					
		ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	) [	Up to \$2 225* of deposits tow		e or rental of property or
		ssions (up to \$10 000)* earned within 180 dated	ys _	services for personal family of Taxes or penalties owed to go	or household use	11 U S C § 507(a)(7)
	business whichever is earli	ier - 11 U S C § 507(a)(4)		Other - Specify applicable par		
	Contributions to an employe	ee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases comme		
	OTAL AMOUNT OF CLA	¥ ¥		<del></del>		\$ 200,000
		(unsecured) udes interest or other charges in addition to	•	secured) amount of the claim. Attach ite	( priority) mized statement (	(Total) of all interest or additional charges
		of all payments on this claim has been cr				
7 S	UPPORTING DOCUM	MENTS Attach copies of supporting do	<u>cuments,</u> si	uch as promissory notes pur	chase orders in	voices itemized statements of
"	OCUMENTS If the doc	cts court judgments, mortgages security curnents are not available explain. If the	y agreements e documents	s are voluminous attach a su	mmary	) SEND ORIGINAL
p	roof of claim	Υ To receive an acknowledgment of				d envelope and copy of this
fe	CCEPTED) so that it is or each person or entity	pleted proof of claim form must be se actually received on or before 5 00 p y (including individuals, partnerships	m, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units) BY MAIL TO BMC Group BY Group BY EARL TO BMC Group BMC Group					
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center			er	USA CMC		
7	<sup>9</sup> O Box 911 El Segundo CA 90245-09	<del>9</del> 11		st Franklin Avenue do CA 90245		
DAT	E	SIGN and print the name and title if any of this claim (attach copy of power of att	the creditor o		A	1072500774
	10/25/06	uns cann (attactive opy of power of att	Oprey II arry)	which T	hust	
Pena	ilty for presenting fraudulent	claim is a fine of up to \$500 000 or imprison.	ment for up to	5 years or both 18 U/S C §§	152 AND 3571	

FORM B10 (Official Form 10) (10/05)		
UNITED STATES BANKRUPICY COURT DISTRICT O	t Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Motgage Company 06-16	0725-LBR	
NOTI- This form should not be used to make a claim for an administrative expense arisin of the case. A 'request for payment of an administrative expense may be filed pursuant to	ng after the commencement o 11 USC. § 503	
debtor owes money or property) TDS Revocable Family else has filed your claim A giving particular and the state of the sta		
Name and address where notices should be sent SPER TTES notices from COT DWIAN Sper + Bonnie SPER TTES case.	you have never received any the bankruptcy court in this	
1005 Cypress Ridge L.N. LAS Vegas Check box if address on the court	the address differs from the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
identifies debtor Client ID No. 2854 if this claim		I claim dated <u>9-25-06</u>
Goods sold Services performed Money loaned	etiree benefits as defined in 11 lages salaries and compensat ast four digits of your SS # _ npaid compensation for servi-	non (fill out below)
Personal injury/wrongful death . fr Taxes SEE EXHIBIT A	omto	(date)
	rt judgment, date obtained.	
Unsecured Nonpriority Claim \$	Check this box if your claim is it of setoff)  Brief Description of Collatera  Real Estate Motor Value of Collateral  Value of Collateral  Motor Value of Collateral  Value of Collateral  Sunt of arrearage and other charged claim, if any \$	s secured by collateral (including  Vehicle Other  IKHOWN  ges at time case filed included in  chase lease, or rental of propertusehold use - 11 U S C  intal units - 11 U S C § 507(a)(8  of 11 U.S C § 507(a)()
Check this box if claim includes interest or other charges in addition to the principal interest or additional charges.	red) (secured) (pal amount of the claim Attac	monty) (Total)
<ul> <li>6. Credits: The amount of all payments on this claim has been credited and dedumaking this proof of claim</li> <li>7 Supporting Documents: Attach copies of supporting documents, such as promorders invoices itemized statements of running accounts contracts, court judgment agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DO documents are not available explain. If the documents are voluminous, attach a st</li> </ul>	issory notes, purchase notes, mortgages, security DCUMENTS If the	THIS SPACE IS FOR COURT USE ONLY
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, addressed envelope and copy of this proof of claim  Date  Sign and print the name and title, if any, of the creditor or othe file this claim (attach copy of power of attorney, if any)  Penalty for presenting fraudulent claim. Hine of up to \$500,000 or imprisonment for the control of the filing of your claim.	enclose a stamped, self-	ED JAN 1 2 2007

1072502191

## FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Die		- N	
	Dis	I KICT C	F Nevada	PROOF OF CLAIM
Name of Dubtor		Number		
USA Commercial Mertcace Con			10725-LB1	
NOTE This form should not be used to make a claim for an admini	strative exp	ense arīsī	ng after the commencemen	
of the case. A request for payment of an administrative expense mi	ay be filed	pursuant 1	to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the			you are aware that anyone	
Tarry R Helms Living Trust			a proof of claim relating to Attach copy of statement	<b>'</b> [
Carlot Willey		ng particu		
Nam			you have never received ar	
Terry Helms	notic		the bankruptcy court in the	s
809 Upland Blvd Las Vegas, NV 89107 3719	Che	k box if	the address differs from the	: <b>)</b>
Telephone number 702 - 258 1044		ess on the court.	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		k here	replaces	
identifies debtor	if th	s claim	amends a previously	filed claim dated
1 Basis for Claim		Re	etiree benefits as defined i	n     U S C §
Goods sold			ages salaries and compe	
Services performed			ast four digits of your SS inpaid compensation for s	
Money loaned Personal injury/wrongful death			om	•
Taxes See Exhibit		110	(date)	to(date)
Odilot Control	13	10		
2. Date debt was incurred	3.	II cou	rt judgment, date obtain	ned
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cribe vou	r claim and state the amou	int of the claim at the time case filed
See reverse side for important explanations		_	ed Claim	
Unaccured Nonpriority Claim \$5.577,877,40		IN		
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claım, or	a right	Check this box if your claim t of setoff)	m is secured by collateral (including
only part of your claim is entitled to priority	none or		Brief Description of Colla	teral
Unsecured Priority Claim	<del></del>		<b>-</b>	or Vehicle Other
Check this box if you have an unsecured claim all or part of t	which is	•	Value of Collateral \$_C	nknown
entitled to priority	***************************************	Amou	nt of arrearage and other c	harges at time case filed included in
Amount entitled to priority \$		secure	d claim if any \$82	655 56
Specify the priority of the claim	П	Up to \$2	2,225* of deposits toward	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) of	or	or service § 507(a)		household use 11 USC
(a)(1)(B)	П			mental units - 11 U S C § 507(a)(8)
Wages salaries, or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the debiusiness whichever is earlier 11 U S C § 507(a)(4)	in 180			ph of 11 USC § 507(a)()
business whichever is earlier 11 USC § 507(a)(4)	*An	nounts ar	re subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC § 507(a	a)(5)	with resp	pect to cases commenced o	on or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	*		877,405577877	
Check this box if claim includes interest or other charges in ad interest or additional charges.	dition to th	(unsecum e prancap	ed) (secured) al amount of the claim A	(priority) (Total) ttach itemized statement of all
6. Credits The amount of all payments on this claim has been	n credited a	nd deduc	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim				THE SHOE IS FOR COOK ON ONLY
7 Supporting Documents Attach copies of supporting docum	tents, such	as promi	ssory notes purchase	<u> </u>
orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN	acts, court	Judgmen	ts mortgages, security	
documents are not available explain. If the documents are volu	IMINOUS. AN	ALL DO	COMENIS II the	ILED JAN 1 2 2007
8. Date-Stamped Copy To receive an acknowledgment of the fi	iling of you	r claım.	enclose a stamped, self-	
addressed envelope and copy of this proof of claim			-	J
Date Sign and print the name and title, if any, of file this claim (attach edgy of power of atto	the creditor	or other	person authorized to	]
1/11/27 The same state of all of the same of all of the same of th	mey, ir any	40	e	USA CMC
Terry RHelms				

LINITED STATES BANKRUPTOY COURT DISTRICT OF REVARIA PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE CO. 06-10725 LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are arising after the commencement of the case. A request for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321241003374 Check box if you have GARY A THIBAULT & SANDRA C THIBAULT never received any notices 4525 DAWN PEAK ST from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT LAS VEGAS NV 89129-3235 ONE OF THE DERTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (76) 839 - 9987 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 5805 AND 5932 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer Wages salaries and compensation (fill out below) Services performed Taxes (not for loan balances) Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from \_\_ to \_ (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED VARIOUS 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM **UNSECURED NONPRIORITY CLAIM \$** Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to pnority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral \$ UNKNOWN Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ SEE ATTACHED Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salanes or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C  $\S$  507(a)(4) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) (\_ Contributions to an employee benefit plan 11 U S C § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM SEE ATTACHED AT TIME CASE FILED (unsecured) (secured) (Total) (pnonty) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and 2006 governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue UCT 17 2006 El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SANDRA C THIBAUC 10-11-2006 THIBAYCT -Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years of both 18 U S C §§ 152 AND 3571

	06-10725 awz Doc 8350	3 Ent	ered 05/09/11 15:3	7:09 Pan	e 10 of 11
		PRO	PROOF OF CLAIM		
Name of Debtor		Case Nu	umber	ł	
USA Commercial N	fortgage Company	06.10	725-LBR		
JOA COMMICIONAL	ortgage company	00-10	725-LDR		
This form should not be used arising after the commencer	of Debtors and Case Numbers It to make a claim for an administrative expend of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and TISCHLER 7408 DOE A LAS VEGAS	Address	1	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTEI ONE OF THE DE If you have all	S BEING SERVICED BY THE DO NOT HAVE TO FILE A PROOF B INCLUDES MONEY FROM THAT ILD IN THE COLLECTION ACCOUNT  IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS  ready filed a proof of claim with the t or BMC you do not need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COURT USE ONLY
6085	other number by which creditor identifies	debtor	Check here replace of this claim amen	<ul> <li>a previousi;</li> </ul>	y filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	☐ Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salanes, and compensation ( r digits of your SS #	fill out below)	Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCUR			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CL	AIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at	the time case filed
See reverse side for importan  UNSECURED NONPRIORI	•		SECURED CLAIM		
Check this box if a) there is exceeds the value of the pi	s no collateral or lien securing your claim or b) roperty securing it or if c) none or only part of your	your claim our claim is	Check this box if you a right of setoff)	our claim is secu	red by collateral (including
entitled to priority UNSECURED PRIORITY CL	AIM	· · · · · · · · · · · · · · · · · · ·	Brief description of		
	an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority	·		Value of Collateral	\$ Not	Known
Amount entitled to priority  Specify the priority of the cl	\$ laım		Amount of arrearage ar secured claim, if any	nd other charges	at time case filed included in
Wages salaries or commi	ns under 11 U S C $\S$ 507(a)(1)(A) or (a)(1)(B) ssions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits toware services for personal family of	ard purchase lease or household use 1	or rental of property or 11 U S C § 507(a)(7)
before filing of the bankrup business whichever is earl	tcy petition or cessation of the debtors		Taxes or penalties owed to go		
i—	ree benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para		
			* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 ai iced on or after the	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	AIM \$ (unsecured)		246.21 \$\$	( pnonty)	\$ 166,246 21 (Total)
	udes interest or other charges in addition to the	ne principal	amount of the claim Attach iter	mized statement of	of all interest or additional charges
7 SUPPORTING DOCUM running accounts contract	of all payments on this claim has been cree  MENTS Attach copies of supporting docu- cts, court judgments, mortgages security a  cuments are not available explain. If the co	<i>iments,</i> su	uch as promissory notes pure s. and evidence of perfection	chase orders, inv	oices, itemized statements of
8 DATE-STAMPED COP proof of claim	Υ To receive an acknowledgment of the	e filing of y	our claim, enclose a stamped	d, self-addressed	l envelope and copy of this
ACCEPTED) so that it is for each person or entity governmental units)	pleted proof of claim form must be sen actually received on or before 5 00 pm y (including individuals, partnerships, o	, prevailin corporatio	ng Pacific time, on Novemberns, joint ventures, trusts an	er 13, 2006 ad	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Doc P O Box 911	•	Attn USA 1330 Eas	CM Claims Docketing Center t Franklin Avenue	F	LED OCT 1 3 2006
El Segundo CA 90245-09	The state of the s		do CA 90245		
10/3/06	SIGN and print the name and title if any of the this claim (attach copy of power of attorn	ney if any)		,	USA CMC
_ · · · · / ¿¿‹Φ	Helan Tisch Oo.	H	ilbr. lischle	<b>Y</b>	1072500576

Case	9 06-10725-QWZ DOC 8350-	<u>ن ااا</u>	<u>erea 05/09/11 15:3</u>	7:09 Page	
,	• •	PRO	OOF OF CLAIM		
·					
Name of Debtor	104 ) -	Case Number			
USA Comme	v cial Mortgage Confidency	06-10	7725-LBK	}	
This form should not be use ansing after the commencer	t of Debtors and Case Numbers d to make a claim for an administrative ex nent of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and			to your claim Attach copy of statement giving particulars		
TRUSTEE 0 7145 BEVE	1132124100842 TOMLIN AND DOROTHY R TOMLIN OF THE DONALD S TOMLIN RLY GLEN AVE S NV 89110-4228	21	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTERI ONE OF THE DEB If you have aire Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number			court.	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account of	r other number by which creditor identifies	debtor	Check here replace or if this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	1 .	salanes, and compensation (	fill out below)	Other claims against service (not for loan balances)
Services performed	Taxes		digits of your SS#	217	(flot for loair balances)
Money loaned	Other (describe briefly)	Unpaid c	compensation for services pe	rformed from	(date) (date)
2 DATE DEBT WAS INCUI	RRED Various dates	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CI	AIM Check the appropriate box or boxes that			unt of the claim at th	
Check this box if a) there exceeds the value of the p	ITY CLAIM \$2,779,806 into its no collateral or lien securing your claim or by property securing it or if c) none or only part of your claim or by the collateral of your claim.	) your claim our claim is	SECURED CLAIM  Check this box if you a right of setoff)  Brief description of	our claim is secure	an of clawn) ad by collateral (including
	an unsecured claim all or part of which is		Real Estate	Motor Vehicle	☐ Other
entitled to priority			Value of Collateral	\$	
Amount entitled to priority  Specify the priority of the control	\$		Amount of arrearage ar secured claim, if any		at time case filed included in
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
	issions (up to \$10 000)* earned within 180 days	s _	services for personal family of		
business whichever is ear	dier - 11 U S C § 507(a)(4)	片	Taxes or penalties owed to go  Other - Specify applicable part		
Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjus	stment on 4/1/07 and	d every 3 years thereafter
5 TOTAL AMOUNT OF CL	AIM 6 2 7 70 800 6	<del></del>	with respect to cases commen	nced on or after the o	date of adjustment
AT TIME CASE FILED	(unsecured)		secured)	/ priority)	- 14,800 (Total)
Check this box if claim inc	dudes interest or other charges in addition to t	•		( prionty) mized statement of	(Total) all interest or additional charges
7 SUPPORTING DOCU running accounts contra DOCUMENTS If the do	of all payments on this claim has been cre  MENTS <u>Attach copies of supporting doc</u> cts court judgments, mortgages, security  cuments are not available, explain If the  CY To receive an acknowledgment of the	<i>uments.</i> su agreements documents	ch as promissory notes, purc s, and evidence of perfection are voluminous, attach a sur	chase orders, invo of lien DO NOT mmary	NCes, itemized statements of SEND ORIGINAL
	pleted proof of claim form must be sen	nt by mail o	or hand delivered (FAXES N	IOT	THIS SPACE FOR COURT
ACCEPTED) so that it is	s actually received on or before 5 00 pm ty (including individuals, partnerships,	n, prevailin	g Pacific time, on November	er 13. 2006	USE ONLY
BY MAIL TO BMC Group		BY HAND O	OR OVERNIGHT DELIVERY TO	}	
Attn USACM Claims Do	_	Attn USA 1330 East	.CM Claims Docketing Center t Franklin Avenue	r FIL	ED NOV 10 2006
El Segundo CA 90245-0	SIGN and print the name and title if any of the	<del></del>	do, CA-90245 other person authorized to 116		USA CMC
11/8/06	this claim (attach copy of power of atto	phey if any).	gran le	ista	1072501169